

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Wag</i>		7/1/02
O.I.P.E. CLASSIFIER		71435	6/21/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	5/4/01
2	5/4/01
3	5/4/01
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Claim	Date
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Claim	Date
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BE31 AVAILABLE COPY

If more than 150 claims or 10 actions  
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